

No. 2  
4-12-40  
5-17-39  
I X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

4559

State File No.

Registration District No. 831

Primary Registration District No. 10099

Registrar's No. 3

1. PLACE OF DEATH: Shelby B. Wash.  
 (a) County Shelby  
 (b) City or town Shelbyville - Rural  
 (c) Name of hospital or institution: County Infirmary I  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 4.5 years? years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Shelby  
 (c) City or town Shelbyville - Rural  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JOHN PAYTON  
 (b) If veteran,  (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 1  
 year 1941 hour 11:00 minute 0 P. M.

4. Sex Male 5. Color or race colored  
 6. (a) Single, widowed, married, divorced Widow  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased no record  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 - 1941 to Feb 1 - 1941  
 that I last saw him alive on Feb 1 - 1941  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Uremia

8. AGE: Years 75? Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic nephritis  
 Due to 12/10  
 Other conditions Chronic kidney condition  
 (Include pregnancy within 3 months of death)

9. Birthplace no record available  
 (City, town, or county) (State or foreign country)

Major findings: Of operations X  
 Of autopsy None done  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name no record available  
 13. Birthplace no record available  
 (City, town, or county) (State or foreign country)  
 14. Maiden name no record available  
 15. Birthplace no record available  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
711 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature P. G. Brewer (M. D. or other) D  
 Address Shelbyville - Mo Date signed 2-3-41

16. (e) Informant Poy Stephens  
 (b) Address Shelbyville, Mo.  
 17. (a) Burial (b) Date thereof Feb 2 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation D. O. P. Cemetery  
 18. (a) Signature of funeral director E. P. Thompson  
 (b) Address Shelbyville, Mo.  
 19. (a) Feb 2 1941 (b) Pearl Hare  
 (Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-41-291

Date Filed FEB 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

no embalming....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.